

**PHA 5-Year and
Annual Plan**

**U.S. Department of Housing and Urban
Development
Office of Public and Indian Housing**

**OMB No. 2577-0226
Expires 4/30/2011**

1.0 PHA Information PHA Name: Housing Authority of the City of Norman PHA Code: OK139 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/2012																														
2.0 Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 173 Number of HCV units: 1186																														
3.0 Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																														
4.0 PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																														
<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:								
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		PH	HCV																											
		PHA 1:																												
PHA 2:																														
PHA 3:																														
5.0 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																														
5.1 Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																														
5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																														
6.0 PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: No elements have been revised other than HUD mandated changes such as income limits, payment standards and utility allowance schedules. We did retype and structure the Administrative Plan to align with the new outline used by Nan McKay, but again no elements were changed. (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Our Five Year and Annual PHA Plan can be reviewed or receive a copy of at our administrative office, which is located in the same parking lot as the Public Housing office. Our City of Norman office is also given a copy that is placed with their plan. Also, our RAB received copies of our Annual Plan tables.																														
7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>																														
The Housing Authority of the City of Norman has a Section 8 Homeownership program with one participant. The home closing was in 2004 and has managed to maintain their mortgage and upkeep of their home. We are working on increasing this program within the next 12 months. Our Section 8 Program does Project-Based Vouchers with several agencies in our area, but never exceeds the rule of no more than 20% of the baseline units. Currently we are using 9% of our baseline for Project-Based Vouchers.																														
8.0 Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.																														
8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.																														
8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.																														
8.3 Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																														

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>The Public Housing waiting list currently has 102 approved applications and the Section 8 Program waiting list currently has 169 approved applications. Of these approved applications 81% are extremely low income, 51% families with children, 9% elderly families, 22% families with disabilities, 73% race/ethnicity White, 17% Black/African American, 8% American Indian and 1% Asian. The bedroom size needed in each waiting list is equal, except a higher need for one bedroom in Public Housing. The Section 8 Program waiting list was closed March 1, 2011 and remains closed at this time. Due to being over leased and applicants still on the list, we estimate opening our waiting list later in 2012 or early 2013.</p> <p>The Housing Authority of the City of Norman plans to address these needs by applying for additional Section 8 Vouchers if they become available and to continue to pursue housing resources other than Public Housing or Section 8 Tenant-Based Assistance.</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>The Housing Authority of the City of Norman plans to maximize the number of affordable units available within its current resources by reducing turnover time for vacated Public Housing units, ensure access to affordable housing among families assisted by the Housing Authority regardless of unit size required, maintain Section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of the program and participate in the Consolidated Plan development process to ensure coordination with broader community strategies.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. Public Housing properties have been rehabbed and are looking very much in line with non assisted properties. Vacancy rates in Public Housing are very low. Section 8 program utilization rate is high. Staff received more Homeownership training to further our Section 8 Homeownership Program. Continue to receive new landlords into our Section 8 program through training and outreach. Purchased another unit, total now of 23, through public funds to bring back affordable rental units to our area. The Housing Authority of the City of Norman is a High Performer.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" a "substantial deviation/modification" Substantial Deviation from the Five Year or Annual Plan shall be a change other than HUD mandated, or required due to financial hardships of the Housing Authority of the City of Norman to include funding cuts by HUD. Shall not be for the Capital Fund changes needed to address emergency repairs of items threatening the life, safety, health or property of the residents of the Housing Authority of the City of Norman.</p> <p>Significant Amendment or Modification of the Annual Plan is anything not listed above.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CPP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary

PHA Name: Norman Housing Authority	Grant Type and Number Capital Fund Program Grant No.: OK56P13950112 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval:		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Line Summary by Development Account				
Line		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
		Total Actual Cost ¹		
	Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds	\$35,000		
2	1406 Operations (may not exceed 20% of line 21) ³		2,000	
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 21)			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement	\$7,000		
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Nonexpendable			
12	1470 Non-dwelling Structures	135,678		
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities ⁴			

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 25777-0226
 Expires 08/31/2011

Part I: Summary					
PHA Name:	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFP:	FFY of Grant: FFY of Grant Approval:			
Type of Grant	<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	179,678			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		
		2/21/12			

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Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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OMB No. 2577-0226
Expires 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Norman Housing Authority

1 Obligation and expenditure and dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 8/31/2011

Part I: Summary		FFY of Grant: FFY of Grant Approval: 2010		
PHA Name: Norman Housing Authority	Grant Type and Number Capital Fund Program Grant No: OKS6P13950110 Replacement Housing Factor Grant No: Date of CFFF:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Total Actual Cost ¹
Line	Summary by Development Account	Original	Revised ²	Obligated
1	Total non-CFP Funds	\$30,000	\$34,064.60	\$34,064.60
2	1406 Operations (may not exceed 20% of line 2) ³			
3	1408 Management Improvements			
4	1410 Administration (may not exceed 10% of line 2)	4,556	0	0
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures	203,734	204,225.40	204,225.40
11	1465.1 Dwelling Equipment—Nonependable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling Equipment			
14	1485 Demolition			
15	1492 Moving to Work Demonstration			
16	1495.1 Relocation Costs			
17	1499 Development Activities ⁴			

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Part I: Summary		<input checked="" type="checkbox"/> FFY of Grant: 2010 <input type="checkbox"/> FFY of Grant Approval:		
PHA Name: Norman Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P13950110 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012 Line Summary by Development Account		Total Estimated Cost	Total Actual Cost ¹	
		Original	Revised ²	Obligated Expendited
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)	\$238,290		\$234,225.40
20	Amount of Annual Grant: (sum of lines 2 - 19)			
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director		Date <u>2/21/12</u>	Signature of Public Housing Director	

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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 form HUD-50075.1 (4/2008)

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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Part I: Summary		<input checked="" type="checkbox"/> FFY of Grant: 2011 <input type="checkbox"/> FFY of Grant Approval:	
PHA Name: Norman Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P13950111 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Summary by Development Account Line	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
		Total Estimated Cost Original	Total Actual Cost ¹ Expended
Line		Revised ²	Obligated
1	Total non-CFP Funds	\$30,845	
2	1406 Operations (may not exceed 20% of line 21) ³	19,800	
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	4,000	
8	1440 Site Acquisition		
9	1450 Site Improvement	15,000	
10	1460 Dwelling Structures	135,000	45,000
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		90,000
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

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Part I: Summary		FFY of Grant: FFY of Grant Approval: 2010	
PHA Name: Norman Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P1390110 Replacement Housing Factor Grant No: Date of CFP:		
Type of Grant	<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012	<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Original	Total Actual Cost ¹
		Total Estimated Cost	Obligated
		Revised ²	Expended
1	Total non-CFP Funds	\$30,000	\$34,064.60
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
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6	1415 Liquidated Damages		
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8	1440 Site Acquisition		
9	1450 Site Improvement		
10	1460 Dwelling Structures	203,734	204,225.40
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Part I: Summary		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report		
PHA Name:	Grant Type and Number	Total Estimated Cost	Obligated	Total Actual Cost ¹
Norman Housing Authority	Capital Fund Program Grant No: OK52P13950110 Replacement Housing Factor Grant No: Date of CFFP:	Original	Revised ²	Expended
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012				
Line	Summary by Development Account			
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)	\$238,290		\$238,290
20	Amount of Annual Grant: (sum of lines 2 - 19)			\$234,225.40
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures			
Signature of Executive Director		Date <u>2/21/12</u>	Signature of Public Housing Director <u> </u>	Date

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Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Norman Housing Authority

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary			
PHA Name: Norman Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P13950111 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval:
Type of Grant			
<input type="checkbox"/> Original Annual Statement	<input checked="" type="checkbox"/> Reserve for Disasters/Emergencies		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
1	Total non-CFFP Funds		
2	1406 Operations (may not exceed 20% of line 2) ³	\$30,845	
3	1408 Management Improvements	19,800	
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5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	4,000	
8	1440 Site Acquisition		
9	1450 Site Improvement	15,000	
10	1460 Dwelling Structures	135,000	45,000
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		90,000
13	1475 Non-dwelling Equipment		
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		<input type="checkbox"/> FFY of Grant: 2011 <input type="checkbox"/> FFY of Grant Approval:		
PHA Name: Norman Housing Authority	Grant Type and Number Capital Fund Program Grant No: OK56P13950111 Replacement Housing Factor Grant No: Date of CFFP:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/2012	<input type="checkbox"/> Reserve for Disasters/Emergencies	Total Estimated Cost	Original	Revised ²
Line	Summary by Development Account	Obligated	Revised ²	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment			
19	1502 Contingency (may not exceed 8% of line 20)	\$204,645		
20	Amount of Annual Grant: (sum of lines 2 - 19)			
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Activities			
23	Amount of line 20 Related to Security - Soft Costs			
24	Amount of line 20 Related to Security - Hard Costs			
25	Amount of line 20 Related to Energy Conservation Measures	\$6,500	0	0
Signature of Executive Director		Date <i>7/21/12</i>	Signature of Public Housing Director	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

- Is completed for the Performance and Evaluation Project

**Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
Capital Fund Financing Program**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Norman Housing Authority

1. **Amendment and Exemption** [nursuant to Section 91 of the U.S. Housing Act of 1937, as amended.